

WILLIAM DAUGHTERY

PLAINTIFF/PETITIONER/MOVANT'S NAME

E79985

PRISON NUMBER

CVSP, CHUCKAWALLA STATE PRISON

PLACE OF CONFINEMENT

P.O. BOX 2349 / D 10-1104PBLITHE, CA. 92226

ADDRESS

FILED

MAR - 3 2008

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY RM DEPUTYUnited States District Court
SOUTHERN District Of California

2254	1983	<input checked="" type="checkbox"/>
FILING FEE PAID		
Yes	No	<input checked="" type="checkbox"/>
HYP MOTION FILED		
Yes	No	<input checked="" type="checkbox"/>
COPIES SENT TO		
Court	ProSe	<input checked="" type="checkbox"/>

'08 CV 0408 WQH BLM

Civil No. _____

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

WILLIAM JOHN DAUGHTERY

Plaintiff/Petitioner/Movant

v.

DENNIS WILSON & E. TAGABAN

Defendant/Respondent

DECLARATION UNDER PENALTY OF
PERJURY AND APPLICATION TO
PROCEED IN FORMA PAUPERISI, WILLIAM JOHN DAUGHTERY

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration

CVSP CHUCKAWALLA VALLEY STATE PRISON

Are you employed at the institution?

☒ Yes ☐ NoDo you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months' transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. LAST EMPLOYMENT DATE
MAY 1, 2007, TAKE HOME \$49.00, LABOR READY INC
CLAIREMONT MESA BLVD SAN DIEGO, CA.

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. SSI \$900.00

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: _____ Year: _____ Model: _____

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. NONE

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): _____

\$3000.00 SD. SUPERIOR COURT FINES +
RESTITUTION, \$1000.00 PARKING TICKETS CITY
OF SANDIEGO

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets (include any items of value held in someone else's name)): NONE

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. N/A

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

2-25-08

DATE


SIGNATURE OF APPLICANT

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

Copy of TRUST ACCT. + CERTIFICATION ATTACHED
PRISON CERTIFICATE
 (Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant _____
 (NAME OF INMATE)

 (INMATE'S CDC NUMBER)

has the sum of \$ _____ on account to his/her credit at _____

 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities _____

to his/her credit according to the records of the aforementioned institution. I further certify that during

the past six months the applicant's *average monthly balance* was \$ _____

and the *average monthly deposits* to the applicant's account was \$ _____

(Please attach a certified copy of applicant's trust account statement showing transactions for the past six months.)

 DATE

 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

 OFFICER'S FULL NAME (PRINTED)

 OFFICER'S TITLE/RANK

REPORT ID: TS3030 .701

REPORT DATE: 02/21/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CHUCKAWALLA VALLEY PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU FEB. 21, 2008

ACCOUNT NUMBER : F79985 BED/CELL NUMBER: 010 00000000110U
ACCOUNT NAME : DAUGHTERY, WILLIAM JOHN ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
08/01/2007		BEGINNING BALANCE					0.00
10/19	D320	TRUST FUNDS T 1307/RJD			238.20		238.20
10/22	W536	COPAY CHARGE 1310/10-11				5.00	233.20
10/22	FC03	DRAW-FAC 3 1315/C-YD				180.00	53.20
10/23	W516	LEGAL COPY CH 1331/09-26				1.60	51.60
10/23	W516	LEGAL COPY CH 1331/09-26				15.00	36.60
10/23	W516	LEGAL COPY CH 1331/09-26				4.50	32.10
10/23	W516	LEGAL COPY CH 1331/09-28				0.20	31.90
10/23	W516	LEGAL COPY CH 1331/10-04				5.00	26.90
10/23	W516	LEGAL COPY CH 1331/10-16				3.60	23.30
10/24	W512	LEGAL POSTAGE 1347/10-17				0.58	22.72
10/24	W512	LEGAL POSTAGE 1347/10-17				0.58	22.14
10/24	W512	LEGAL POSTAGE 1347/10-17				0.58	21.56
10/24	W512	LEGAL POSTAGE 1347/10-17				0.58	20.98
10/24	W512	LEGAL POSTAGE 1347/10-17				0.58	20.40
10/30	W512	LEGAL POSTAGE 1412/9-26				4.60	15.80
10/30	W512	LEGAL POSTAGE 1412/9-26				1.82	13.98
11/01	W512	LEGAL POSTAGE 1444/10-25				0.41	13.57
11/01	W512	LEGAL POSTAGE 1444/10-25				0.41	13.16
11/26	W516	LEGAL COPY CH 1654/11-14				2.50	10.66
11/29	DD30	CASH DEPOSIT 1708/RR			225.00		235.66
11/30	W512	LEGAL POSTAGE 1716/11-27				4.80	230.86
12/03	W516	LEGAL COPY CH 1732/11-30				0.60	230.26
12/04	W536	COPAY CHARGE 175111-30D				5.00	225.26
12/10	W521	FUND RAISER C 1830 C YD				37.00	188.26
12/17	FC03	DRAW-FAC 3 1930/C				180.00	8.26
ACTIVITY FOR 2008							
01/04	W516	LEGAL COPY CH 2073/1-2				0.90	7.36
01/08	W536	COPAY CHARGE 2105/1-8D				5.00	2.36
01/08	W516	LEGAL COPY CH 2118/1-7				2.36	0.00
01/14	FR01	CANTEEN RETUR 702179				23.89	23.89
02/15	W512	LEGAL POSTAGE 2593/1-09				1.82	22.07

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 07/20/07
COUNTY CODE: SD

CASE NUMBER: SCD197549
FINE AMOUNT: \$ 1,600.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
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THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE
ATTEST: 2-21-08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY: *Re Kelly*
TRUST OFFICER



REPORT ID: TS3030 .701

REPORT DATE: 02/21/08

PAGE NO: 2

CHUCKAWALLA VALLEY PRISON
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU FEB. 21, 2008

ACCT: F79985

ACCT NAME: DAUGHTERY, WILLIAM JOHN

ACCT TYPE: I

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 07/20/07

CASE NUMBER: SCD197549

COUNTY CODE: SD

FINE AMOUNT: \$ 1,600.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
11/29/07	DR30	REST DED-CASH DEPOSIT	250.00-	1,200.00

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	463.20	441.13	22.07	0.00	0.00

CURRENT
AVAILABLE
BALANCE

22.07

REPORT ID: TS3030 701

REPORT DATE: 02/22/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS

R.J. DONOVAN CORR. FACILITY

INMATE TRUST ACCOUNTING SYSTEM

INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU FEB. 22, 2008

ACCOUNT NUMBER: F79985

BED/CELL NUMBER:

ACCOUNT NAME: DAUGHTERY, WILLIAM JOHN

ACCOUNT TYPE: T

PRIVILEGE GROUP:

TRUST ACCOUNT ACTIVITY

TRAN

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
------	------	-------------	---------	-----------	----------	-------------	---------

08/01/2007		BEGINNING BALANCE					0.00
08/07	D300	CASH DEPOSIT	0654/S8DF		200.00		200.00
08/09	W536	COPAY CHARGE	0683/JUL07			5.00	195.00
08/21	FC04	DRAW FAC-4	0912/F43RD			90.00	105.00
08/31	DD30	CASH DEPOSIT	1114/POBOX		135.00		240.00
09/11	W515	COPY CHARGE	1314/AUG07			1.20	238.80
09/18	FC04	DRAW FAC-4	1468/F43RD			90.00	148.80
09/19	W515	COPY CHARGE	1501/SEP07			0.60	148.20
10/09	FR01	CANTEEN RETUR	701841			90.00	238.20
10/12	W610	TRANSFER OF T	1933/CVSP 015129640			238.20	0.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 07/20/07

CASE NUMBER: SCD197549

COUNTY CODE: SD

FINE AMOUNT: \$ 1,600.00

DATE	TRANS	DESCRIPTION	TRANS AMT	BALANCE
08/01/2007		BEGINNING BALANCE		1,600.00
08/31/07	DR30	REST DED CASH DEPOSIT	150.00	1,450.00



THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE
 ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY: [Signature] ACTJ

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
 * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	335.00	335.00	0.00	0.00	0.00

CURRENT
 AVAILABLE
 BALANCE

0.00

— THIS FORM MUST BE KEPT CONFIDENTIAL —

FW-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): WILLIAM JOHN DAUGHTERY 1 PRO PER F70985 PO Box 2349 / D10-110UP BLYTHE CA. 92226 TELEPHONE NO.: NONE FAX NO. (Optional): NONE E-MAIL ADDRESS (Optional): WJD8591@Yahoo.com ATTORNEY FOR (Name):		FOR COURT USE ONLY
NAME OF COURT: US DISTRICT COURT, SOUTHERN CAL. STREET ADDRESS: 660 FRONT ST. # 4290 MAILING ADDRESS: CITY AND ZIP CODE: SAN DIEGO CA 92101-8900 BRANCH NAME: SOUTHERN CALIFORNIA DISTRICT		
PLAINTIFF/ PETITIONER: WILLIAM DAUGHTERY		
DEFENDANT/ RESPONDENT: D. WILSON + E. TAGABAN, SR PD		
APPLICATION FOR WAIVER OF COURT FEES AND COSTS		CASE NUMBER:

I request a court order so that I do not have to pay court fees and costs.

1. a. ☒ I am **not** able to pay any of the court fees and costs.
 b. ☐ I am able to pay **only** the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):

PO. Box 2349 / D10-110UP, BLYTHE CA 92226

3. a. My occupation, employer, and employer's address are (specify):
UNEMPLOYED
 b. My spouse's occupation, employer, and employer's address are (specify):

4. ☒ I am receiving financial assistance under one or more of the following programs:

- a. ☒ **SSI and SSP**: Supplemental Security Income and State Supplemental Payments Programs
 b. ☐ **CalWORKs**: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 c. ☐ **Food Stamps**: The Food Stamp Program
 d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**

5. If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.

- a. ☐ (Optional) My Medi-Cal number is (specify):
 b. ☒ (Optional) My social security number is (specify):

451 - 04 - 8591 and my date of birth is (specify):

[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]

- c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
 [See Form FW-001-INFO, Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☐ My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: **2-25-08**

WILLIAM JOHN DAUGHTERY

(TYPE OR PRINT NAME)

(Financial information on reverse)

(SIGNATURE)

Page 1 of 2

FW-001

PLAINTIFF/PETITIONER: <u>WILLIAM D. DAUGHTERY</u>	CASE NUMBER:
DEFENDANT/RESPONDENT: <u>D. WILSON & E. TAGABAN, S.P.D.</u>	

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. *(If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.)*
10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
----------	-----	--------------

- | | | |
|-----|----|----|
| (1) | \$ | \$ |
| (2) | \$ | \$ |
| (3) | \$ | \$ |

- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Property	FMV	Loan Balance
----------	-----	--------------

- | | | |
|-----|----|----|
| (1) | \$ | \$ |
| (2) | \$ | \$ |
| (3) | \$ | \$ |

- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

9. MY MONTHLY INCOME

- a. My gross monthly pay is: \$ 900.00

- b. My payroll deductions are (specify purpose and amount):

- | | |
|-----|----|
| (1) | \$ |
| (2) | \$ |
| (3) | \$ |
| (4) | \$ |

My TOTAL payroll deduction amount is: \$ 0

- c. My monthly take-home pay is (a. minus b.): \$ 900.00

- d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

- | | |
|-----|----|
| (1) | \$ |
| (2) | \$ |
| (3) | \$ |
| (4) | \$ |

The TOTAL amount of other money is: \$ 0
(If more space is needed, attach page labeled Attachment 9d.)

e. MY TOTAL MONTHLY INCOME IS

- (c. plus d.): \$ 900.00

- f. Number of persons living in my home:

Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Name	Age	Relationship	Gross Monthly Income
(1) <u>WILLIAM</u>	<u>52</u>	<u>SELF</u>	\$ <u>900.00</u>
(2)			\$
(3)			\$
(4)			\$
(5)			\$

The TOTAL amount of other money is: \$ 0
(If more space is needed, attach page labeled Attachment 9f.)

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS

- (a. plus d. plus f.): \$ 900.00

10. I own or have an interest in the following property:

- a. Cash \$ 0

- b. Checking, savings, and credit union accounts (list banks):

- | | |
|-----|----|
| (1) | \$ |
| (2) | \$ |
| (3) | \$ |
| (4) | \$ |

11. My monthly expenses not already listed in item 9b above are the following:

- | | |
|--|-------------|
| a. Rent or house payment & maintenance | \$ |
| b. Food and household supplies | \$ |
| c. Utilities and telephone | \$ |
| d. Clothing | \$ |
| e. Laundry and cleaning | \$ |
| f. Medical and dental payments | \$ |
| g. Insurance (life, health, accident, etc.) | \$ |
| h. School, child care | \$ |
| i. Child, spousal support (prior marriage) | \$ |
| j. Transportation and auto expenses (insurance, gas, repair) | \$ <u>0</u> |
| k. Installment payments (specify purpose and amount): | |

- | | |
|-----|----|
| (1) | \$ |
| (2) | \$ |
| (3) | \$ |

The TOTAL amount of monthly installment payments is: \$ 0

- l. Amounts deducted due to wage assignments and earnings withholding orders: \$ 0

- m. Other expenses (specify):

- | | |
|-----|----|
| (1) | \$ |
| (2) | \$ |
| (3) | \$ |
| (4) | \$ |
| (5) | \$ |

The TOTAL amount of other monthly expenses is: \$ 0

- n. MY TOTAL MONTHLY EXPENSES ARE (add a. through m.): \$ 0

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

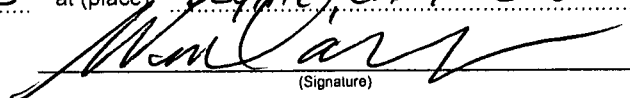
FW-002

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): WILLIAM JOHN DAUGHTERY (PRO PER) F79485 P.O. BOX 2349/D1071040 BLYTHE CA. 92226		TELEPHONE NO.: NONE	FOR COURT USE ONLY
NAME OF COURT AND BRANCH, IF ANY: US DISTRICT COURT, SOUTHERN STREET ADDRESS: 880 FRONT ST # 4296 MAILING ADDRESS: CITY AND ZIP CODE: SAN DIEGO, CA 92101-8900			
PLAINTIFF: D. WILSON + E. TAGABAN, SD, PD DEFENDANTS DEFENDANT: WILLIAM DAUGHTERY, PLAINTIFF			
APPLICATION FOR WAIVER OF ADDITIONAL COURT FEES AND COSTS			CASE NUMBER:

1. I was granted a waiver of court fees and costs in this case on (date)
2. a. ☒ My financial status has **not changed** since I filed my original application.
- b. ☐ My financial status **has changed** since I filed my original application AND a new application is attached.
3. I ask the court to extend my waiver of fees to cover the following additional court fees and costs:
 - a. ☒ Jury fees and expenses.
 - b. ☒ Court appointed interpreters' fees for witnesses.
 - c. ☒ Witness fees of peace officers whose attendance is necessary for reasons shown below.
 - d. ☒ Reporters' fees for attendance at hearings and trials held more than sixty days after the date of the original application as shown above.
 - e. ☒ Witness fees for court appointed experts.
 - f. ☒ Other (specify):
TRANSCRIPTS OF PRIOR PROCEEDINGS.
4. These additional services are needed because (use additional sheet if necessary):
NECESSARY TO DETERMINE VIABILITY OF SUIT.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on (date): **2-25-08** at (place): **BLYTHE, CA 92226**

WILLIAM JOHN DAUGHTERY
(Type or print name)


(Signature)

FW-003

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): WILLIAM DAUGHTERY (PRO PER) F79985 PO BOX 2344 / D10-1104P TELEPHONE NO.: BLY THE CA 9226 FAX NO.: NA E-MAIL ADDRESS (Optional): NA ATTORNEY FOR (Name):		FOR COURT USE ONLY CASE NUMBER:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: 300 W. BROADWAY MAILING ADDRESS: CITY AND ZIP CODE: SAN DIEGO CA 92101 BRANCH NAME: SUPERIOR COURT DOWNTOWN		
PLAINTIFF/ PETITIONER: WILLIAM DAUGHTERY DEFENDANT/ RESPONDENT: D. WILSON & E. TAGABAN SDPD		

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

- The application was filed on (date): ☐ A previous order was issued on (date):
- The application was filed by (name):
- ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).
 - ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 3.61, is **waived**.
 - ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 3.61, EXCEPT the following:

(1) <input type="checkbox"/> Filing papers.	(6) <input type="checkbox"/> Sheriff and marshal fees.
(2) <input type="checkbox"/> Certification and copying.	(7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).
(3) <input type="checkbox"/> Issuing process and certification.	(8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1 (c))
(4) <input type="checkbox"/> Transmittal of papers.	(9) <input type="checkbox"/> Other (specify code section):
(5) <input type="checkbox"/> Court-appointed interpreter.	

Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
 - Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:

(1) <input type="checkbox"/> Pay (specify):	percent.	(2) <input type="checkbox"/> Pay: \$	per month or more until the balance is paid.
---	----------	--------------------------------------	--
 - The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------
 - ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
 - All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
- ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rules 3.50-3.63):
 - ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form FW-001-INFO).
 - ☐ Other (Complete line 4b on page 2).
 - The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
 - The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
- ☐ IT IS ORDERED that a **hearing** be held.
 - The substantial evidentiary conflict to be resolved by the hearing is (specify):
 - The applicant should appear in this court at the following hearing to help resolve the conflict:

Date:	Time:	Dept.:	Div.:	Room:
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 - The address of the court is (specify):
☐ Same as above
 - The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date:

☐☐

Clerk, by _____, Deputy

JUDICIAL OFFICER

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rule of Court, rules 3.56.)

Page 1 of 2

**ORDER ON APPLICATION FOR WAIVER OF
COURT FEES AND COSTS (Fee Waiver)**

FW-003

PLAINTIFF/PETITIONER (Name): <u>WILLIAM JOHN DAUGHTERY</u>	CASE NUMBER:
DEFENDANT/RESPONDENT (Name): <u>D. WILSON & E. TAGABAN SPD</u>	

4b ☐ Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at
 (place): _____, California,
 on (date): _____

Clerk, by _____, Deputy

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy

FW-004

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): WILLIAM DAUGHTER PRO PER F2999S P.O. BOX 2349 / D10-110UP TELEPHONE NO: BLYTHE, CA 92226 FAX NO: NA E-MAIL ADDRESS (Optional): NONE ATTORNEY FOR (Name):		FOR COURT USE ONLY CASE NUMBER:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF/PETITIONER: WILLIAM JOHN DAUGHTER DEFENDANT/RESPONDENT: D. WILSON + E. TAGABAN SDRD		
ORDER ON APPLICATION FOR WAIVER OF ADDITIONAL COURT FEES AND COSTS (Cal. Rules of Court, rule 3.62)		

- The application was filed on (date): ☐ A previous order was issued on (date):
- The application was filed by (name):
- ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).
 - ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 3.62, is **waived**.
 - ☐ **Applicant shall pay** all the fees and costs listed in California Rules of Court, rule 3.62, EXCEPT the following:
 - ☐ Jury fees and expenses.
 - ☐ Court-appointed interpreter for witnesses.
 - ☐ Witness fees of peace officers.
 - ☐ Reporter's fees (beyond 60 days).
 - ☐ Court-appointed experts.
 - ☐ Other fees and costs (specify):
 - Method of payment.** Applicant shall pay all the fees and costs when charged, EXCEPT as follows:
 - ☐ Pay (specify): _____ percent.
 - ☐ Pay: \$ _____ per month or more until the balance is paid.
 - The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period.
 ☐ The applicant is ordered to appear for the court's review of the applicant's financial status as follows:

Date:	Time:	Dept.:	Room:
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 - ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
 - All unpaid fees and costs shall be deemed to be taxable costs if applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
- ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rules 3.50-3.63):
 - ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form FW-001-INFO).
 - ☐ Other (Complete line 4b on page 2).
 - The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
 - The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
- ☐ IT IS ORDERED that a **hearing** be held.
 - The substantial evidentiary conflict to be resolved by the hearing is (specify):
 - Applicant should be present** at the hearing to be held as follows:

Date:	Time:	Dept.:	Room:
-------	-------	--------	-------
 - The address of the court is (specify):
 ☐ Same as above
 - The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

Date: ☐ JUDICIAL OFFICER ☐ Clerk, by _____, Deputy

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 3.56.)

Page 1 of 2

**ORDER ON APPLICATION FOR WAIVER OF
ADDITIONAL COURT FEES AND COSTS
(Fee Waiver)**

FW-004

PLAINTIFF/PETITIONER (Name): <u>WILLIAM DAUGHTERY</u>	CASE NUMBER:
DEFENDANT/RESPONDENT (Name): <u>D. WILSON + E. TAGABAN SDPD</u>	

4b ☐ Application is denied in whole or in part (specify reasons):**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at

(place): _____, California,

on (date): _____

Clerk, by _____, Deputy

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: _____

Clerk, by _____, Deputy

FW-005

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): WILLIAM D AUGHEER (PRO PER) F29485 P.O. BOX 2349/D10-1104P BLYTHE, CA, 92226		TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):			
NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY: US DISTRICT, SOUTHERN 880 FRONT ST. # 4290 SAN DIEGO, CA 92101-8900			
PLAINTIFF: WILLIAM DAUGHEER			
DEFENDANT: D. WILSON + E. TAGABAN, SDPD			
NOTICE OF WAIVER OF COURT FEES AND COSTS			CASE NUMBER:

1. The application for waiver of court fees and costs was filed

a. on (date):

b. by (name):

2. The application was granted by operation of law.

3. The applicant may proceed in this action without payment of

- a. ☐ court fees and costs listed in rule 3.61 of the California Rules of Court.
- b. ☐ the following court fees and costs (specify):

Dated: _____

Clerk, by _____
(Deputy)

CLERK'S CERTIFICATION	
(SEAL)	I certify that the foregoing is a true copy of the original on file in my office.
	Dated: _____
	Clerk, by _____ (Deputy)

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